

No. C 143677

**Due no later than April 30, 2008**  
**Annual Report Form**

Return to:  
**SECRETARY OF STATE**  
**450 NORTH FOURTH STREET**  
**PO BOX 83720**  
**BOISE, ID 83720-0080**

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

**KNIEFEL INSURANCE SERVICES, INC.**  
**2004 NORCREST DR**  
**BOISE, ID 83705**

**2. Registered Agent and Office NO PO BOX**

**BRUCE KNIEFEL**  
**2004 NORCREST DR**  
**BOISE, ID 83705**

**3. New Registered Agent Signature**

**4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Bruce Kniefel	2004 S. Stewart Dr.	Boise	Id.	83712
V.P.	Connie Kniefel	"	"	"	"

**5. Organized Under the Laws of:**

**IDAHO**  
**C 143677**

**6.**  
**Signature** B.A. Kniefel **Date** 3/8/08  
**Name (Typed or  
Printed)** Bruce A. Kniefel **Title** Pres.